

MARGIN RESERVED FOR BINDER  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>179</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>87</u>
Town of <u>Miami</u>			Local Registrar No. _____
or			
City of _____	No. _____ St. _____ Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Juana Mendez</u>			
3. Sex of Child <u>Female</u> To be answered ONLY in event of plural births.			
4. Twin, triplet or other. <u>2</u>			
5. Legitimate? <u>yes</u>			
6. Date of birth <u>Jan 27-1924</u>			
7. If child is not yet named, make supplemental report, as directed.			
8. FATHER		14. MOTHER	
Full name <u>Juan J. Mendez</u>		Full maiden name <u>Luisa Corona</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
16. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>34</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>Zacatecas</u>		18. Birthplace (city or place) <u>Zacatecas</u>	
(State or country) <u>Mex</u>		(State or country) <u>Mex</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Laborer</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against phthia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1 A</u> M. on the date above stated.			
(Born alive or stillborn.)			
Signature <u>C. M. Cron M.D.</u>		(Physician or midwife)	
Address <u>Miami, Arizona</u>			
Given name added from _____		Filed <u>Jan 31, 1924</u>	
Month, day, year. _____		Local Registrar. <u>C. E. D. J. J.</u>	
Registrar. _____		County Registrar. _____	

149-127-331